

Recommended Site Activities for Effective PCC+ Implementation

PCC+ (PCC Plus) Customizable Encounter Form is a new application released by the IHS Information Technology Support Center (ITSC) for IHS-wide deployment in June 2001. This application enables PCC users to build a customized encounter form in real time for each patient visit. The form combines the best features of the PCC encounter form, superbill and health summary in one integrated document. These documents are generated locally on a laser printer before each clinic visit, and they fully replace their traditional PCC counterparts.

This application is unique in a variety of ways and will take the *combined* efforts of different segments of facility staff, from IT to medical records to clinicians, to utilize it to its fullest potential. Some business processes will need to be changed at the participating sites. PCC data will need to be evaluated for quality and changed as needed. Performance metrics will need to be identified to track improvement. Clinicians and others will need to work together to evaluate and possibly redesign templates to satisfy both clinical and business office needs.

From a technical perspective, most of the actual computing is done *outside* of the traditional M/PCC environment by background processes in both the MUMPS and Windows environment. Multiple servers/operating systems and complex connectivity issues contribute to the different technical environment.

The potential benefits of a site's implementing **PCC+** can be significant. The experience by beta sites suggests that extra effort will be required to implement and support the system, at least initially. However, the improved clinical documentation and coding, improved staff productivity, and increased third party collections experienced by sites should compensate. No other PCC application, with the possible exception of the Health Summary, has a greater effect on providers, coders, and the overall system of care.

The most successful implementations occurred when sites used their planning for **PCC+** implementation as a catalyst for improving business processes, workflow and data capture/quality.

Site Activities Overview

Based on experiences and recommendations from beta sites, ITSC has compiled a list of activities that should be undertaken by facilities in order to achieve effective implementation of **PCC+**. A Project Plan checklist detailing these recommended decisions and activities has been provided at the web site reference below for sites to modify for their own use. Facilities should be aware that implementation for their first clinic may take 3 to 4 months.

Key activities that sites should complete include:

- Attending Area-wide Orientation Sessions
- Determining if site has resources, budget, and time to implement PCC+
- Selecting Implementation Team
- Ordering appropriate hardware and software (e.g., Print Servers)
- Completing Site Evaluation Survey
- Installing hardware and software (e.g., PCC+ on RPMS servers)
- Completing a Pre-Implementation visit (optional but recommended)
- Selecting pilot clinic and form template
- Identifying and baselining metrics



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- Completing workflow changes required
- Implementing (“Go Live”) in first clinic
- Identifying superusers, who then attend advanced training class for form design
- Implementing additional forms in additional clinics

Orientation Session

Beginning in June 2001, ITSC has provided each Area with the opportunity to hold a 1-day Orientation session to introduce the concepts of PCC+ and the work effort involved in implementing this application. The orientation sessions are designed for multi-departmental representatives from all sites and Area Office staff. Recent experience has demonstrated that having an Area-wide introduction to the details of PCC+ functionality and implementation improves everyone’s expectations as well as implementation success rates. Topics covered at the Orientation would include:

- PCC+ Overview: History, Anticipated Impact, Benefits, etc.
- PCC+ Functionality: How Does It Work?
- Data Quality Issues
- Clinical and Business Metrics
- Overview of Business Process Reengineering
- Introduction to Workflow Identification and Improvement (break out sessions)
- Area- and Site-specific Discussion of Next Steps and Possible Schedule

The proposed agenda is available for review on the PCC+ web site.

Generally one or two sites would be expected to self-identify during the session or soon afterwards as interested and able to proceed with a site survey and site visit. The Area Office may opt to form an overall Team to coordinate site implementation and/or identify Area staff to provide further orientation, training or technical expertise to sites.

Implementation Team Roles and Responsibilities

Implementing PCC+ successfully *requires* multi-departmental collaboration. Each facility should select an *Implementation Team* for the PCC+ Project that includes a representative from each of the following areas:

- clinicians (preferably at least one physician and one nurse),
- registration,
- data entry,
- administration,
- billing,
- medical records, and
- technical site manager/other IT staff.

A Project Lead *and* a Clinical Lead should be selected for the Implementation Team.

The Project Lead is recommended to be technically knowledgeable about RPMS and PCC and to be able to spend several hours each week on project implementation. The Project Lead would be expected to:

- Oversee the implementation project and coordinate team initiative.
- Act as the point of contact (POC) to ITSC for information dissemination, activity scheduling, etc.
- Resolve problems and issues related to PCC+ implementation.
- Set up implementation timeline and tasks.



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- Work with team members to assure tasks are completed in timely manner.
- Assure project completion.

Clinical members of the Team should be experienced users of RPMS and PCC. The Clinical Lead would be expected to:

- Oversee template review and redesign.
- Coordinate data review and evaluation, including ICD and CPT customization for forms, with other Team members.
- Initiate clinical workflow changes as needed.
- Ensure clinical compliance with new process.

Team members should be ensured by their appropriate supervisors that they have time allocated in their schedules for team activities and project implementation over several weeks. Prior to implementation, Team members should be expected to attend Team meetings and actively collaborate with other departments in business process identification and redesign; metrics identification and data collection; data review as appropriate for their area of expertise; and related activities.

Each Team should have one or more “Super Users” for *each* of two activities:

- The first will have primary responsibility for hands-on PCC+ form creation and editing. This will require extensive experience with MS Word, preferably Word 2000; mail merge experience is strongly recommended. Training for PCC+ form editing and design will be provided (see participant criteria in the *Training* section below).
- The second activity is user preference extracting and editing. This will require knowledge of RPMS and QMan, and MS Excel.

Hardware and Software Specifications and Procurement

The Site Manager and other IT staff must review and understand the hardware and software (and related funding) needed for PCC+ implementation. The *System Requirements* fact sheet available on the PCC+ web site provides a detailed list of hardware and software needed. Sites are strongly recommended to purchase and install the necessary hardware and software prior to their Pre-Implementation visit, so that designated team members can receive on-site data extraction training and implementation.

Fully installed and configured print servers can be ordered through ITSC via a GSA contract. See *Print Server Ordering Info* on the PCC+ web site for details. The site will also need to install PCC+ on its RPMS server, which can be coordinated remotely by ITSC.

The Implementation Team may need to participate in related decisions, such as printer placement and the business process change associated with printer-generated forms (i.e., no copies).

Site Evaluation Survey

Once the site's Implementation Team is selected, the site should fill out the *Site Evaluation Survey* (available on the PCC+ web site as both an electronic form or a PDF file). The survey will provide the ITSC Team, and the facility itself, with an overview of the facility clinic types, number of staff and visits, and information about data entry, coding, billing and registration.

Site Evaluation Visit

ITSC offers sites an on-site two-day Pre-Implementation visit, conducted by the ITSC Team. Although not required to implement PCC+, the site visit has been demonstrated to be key to more efficient



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implementation. ITSC will provide each Area with two facility visits at no charge; additional site visits will have a cost, either through ITSC or Full Circle Software.

The objective of the two-day on-site evaluation is for the site Implementation Team to:

- Review the potential impact of implementing PCC+ on a site
- Discuss the hardware and software requirements and installation process
- Review and discuss several encounter form templates as examples
- Identify and assess existing clinical and business workflows (see below)
- Evaluate different clinics for potential implementation
- Discuss and identify data quality issues
- Identify tasks and timelines required for implementation
- Receive training on ICD extract and CPT customization for templates
- Assess possible training needs for various staff (e.g., word processing, RPMS/PCC, E&M documentation, E&M coding, etc.)

During the site visit, the ITSC team would expect to review the existing workflow process for the following services:

- Registration
- Benefit Coordination for those individuals without health coverage
- Scheduling of appointments
- Walk-Ins
- Nurse triage
- Procedure to obtain medical records
- Documentation of patient care services
- Procedure to order additional tests – lab, x-ray or pharmacy
- Discharge process
- Data entry and coding
- Billing

In addition, the team would expect a tour of the office to understand the physical location and accessibility of the following services: registration, scheduling, nurse triage, medical records, examination area, and discharge area.

Metrics

Implementing PCC+, which directly changes the Encounter Form as well as certain processes, is expected to impact provider behavior, RPMS clinical data entry, billing practices and reimbursements, and ultimately patient care. ITSC strongly recommends that each site select a variety of measurable business and clinical processes that can be documented *before* (baseline) and *after* implementing PCC+. Examples of these metrics might include:

- data entry backlog
- time elapsed between visit and billing
- improved revenue
- rates of specific preventive services or other clinical measures (education, immunizations, etc.)

Sample checklists and measuring techniques are provided in the *PCC+ Metrics* document, which can be downloaded from the PCC+ web site.



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Business Process and Workflow Analysis

Beta sites have identified workflow redesign as a key component of the PCC+ implementation process. The PCC+ application itself requires certain changes in how a facility does business. For example, a formal check-in process is required to generate the new PCC+ form. Generating a customized form on a laser printer, with no carbon copies attached, also requires some workflow changes. By identifying and evaluating the site's current workflow, the Implementation Team can recognize the overall strengths and weaknesses, as well as some specific changes that need to be made to accommodate PCC+.

The ITSC Team can assist sites in formally identifying and assessing their overall business processes. One of the purposes of having a multi-departmental Site Implementation Team is to assist all participants in understanding the business and workflow of each department and how they may need to be better integrated.

Templates

Although one of the strengths of the PCC+ application is the ability to fully customize new integrated forms, it has been recognized that certain data fields and formats are most effective. Implementing a new process is difficult enough for a facility without having the added burden of designing a new form from scratch.

Beta sites strongly recommended that basic forms, or templates, be provided for the initial PCC+ implementation. Templates for a variety of forms, including walk-in, diabetes, well child, ER and prenatal, will be available in August 2001. Template development is being sponsored by the Nurse/Physician PSG, a clinical advisory group to ITSC. A panel of clinical and business specialists will identify and review a variety of existing forms for each of the topics. The panel will ensure that the final form design complies with clinical guidelines, billing requirements, data reporting requirements, and other considerations. Additional templates are being prioritized and will be developed over the next few months.

Training

ITSC will provide hands-on training for two activities for designated super users (see *Implementation Team* section above):

- Intermediate Word for form editing and design and mail merge (1/2 day)
- RPMS Data Extract and Review (2-3 hours)

ITSC will provide each Area one training session at no charge for *both* form editing/design (MS Word) and data extraction and review (Excel). This training may be offered successively with the Area Orientation session or at a separate time. The purpose of the Area training is to encourage Area and/or site staff to develop expertise and provide training themselves to other sites.

For sites, data extraction training for two or three staff is generally included during the on-site pre-implementation visit.

ITSC also will offer form editing and design training on a periodic basis at the Albuquerque training facility to accommodate those sites that are not receiving Area-specific training. The class will not be available until the site has successfully implemented PCC+ with at least one standard template.

Form design super users are strongly recommended to be intermediate or expert users of MS Word and are preferred to have hands on experience specifically with MS Word 2000. The following skills are necessary to successfully participate with the class: basic edit functions (cut, paste, copy); font and other



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formatting (borders, shading, etc); table creation and manipulation; text box manipulation. Basic knowledge of mail merge is preferred.

Phased Implementation

Experience from the beta sites suggests that sites should plan for a phased implementation of the PCC+ application. ITSC strongly recommends that a site select one clinic and one form for its initial implementation. As discussed above in the *Templates* section, sites will be provided with a set of templates. Sites are recommended to implement PCC+ “Lite,” i.e., one of the templates with little or no modification.

Once the new process has been fully implemented, and metrics are demonstrating improvement, the site would be ready for additional roll out of PCC+.. These next activities might include:

- editing the first form used;
- implementing additional templates and/or additional clinics;
- sending Super Users to training for more advanced form manipulation (see *Training* section above)



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